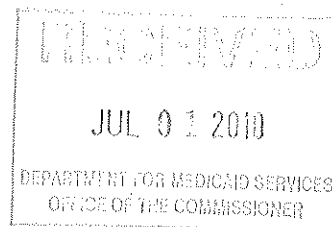


Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



June 28, 2010

Elizabeth A. Johnson, Commissioner
Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621



Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 10-002 and received in the Regional Office on March 30, 2010.

Section 112 of Public Law 110-275 amended section 1905(p)(1)(C) of the Social Security Act to make the resource limit for the Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI) programs conform to the resource limit for individuals who qualify for the full subsidy Medicare Part D Low-Income Subsidy. This amendment increases the resource limits for these programs to three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index, as required by this legislation.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 10-002 was approved on June 25, 2010. The effective date of this amendment is January 1, 2010. We are also enclosing the approved HCFA-179 and the plan pages.

If you have any questions or need further assistance, please contact Dianne Thornton at (404) 562-7464 or Maria Donatto at (404) 562-3697.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

original: Sharon Hughes
copy: Commissioner

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
10-002

2. STATE
Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
1/1/2010

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(E), 1905S and 1905(p)(3)(A)

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 - budget increase
b. FFY 2011 - budget increase

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A
Page 9b, 9b1, 9b2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same

10. SUBJECT OF AMENDMENT

This plan amendment increases income resources from two to three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Elizabeth A. Johnson

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: December 28, 2009

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
03/30/10

18. DATE APPROVED:
06/25/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 05/06/10:

Block # 6 1902(a)(10)(E), 1905S and 1905(p)(3)(A) **Changed to read:** 1902(a)(10)(E)(i)-(iv), 1905S and 1905(p)(3)(A), 1806D-14(a)(3)(D); Block #7 a FFY2010 - budge increase **Changed to read:** 7a FFY2010 - budget increase (amount unknown due to new legislation; Block 7b FFY 2011 - budget increase **Changed to read:** 7b FFY2011 - budget increase (amount unknown due to new legislation; Block #8 Attachment 2.2-A pages 9b,9b1 and 9b2 **Changed to read:** Attachment 2.2-A pages 9b, 9b1 and 9b2; Attachment 2.6-A pages 22, 22a and 23; Block #9 Same; **Changed to read:** Attachment 2.2-A pages 9b, 9b1 and 9b2 **Changed to read:** Attachment 2.2-A pages 9b, 9b1 and 9b2; Attachment 2.6-A pages 22, 22a and 23.

State: Kentucky

| Agency | Citation(s) | Groups Covered |
|--|-------------|---|
| | A. | <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u> |
| 1902(a)(10)(E)(i) 1905 (s) and 1905 (p)(3)(A)(i) of the Act | 25. | Qualified Medicare beneficiaries <ol style="list-style-type: none">Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);Whose income does not exceed 100 percent of the Federal poverty level; andWhose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. Whose resources do not exceed twice the maximum standard under SSI. <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</p> |
| 1902(a)(10)(E)(ii) 1905(s) and 1905(p)(3)(A)(i) of the Act | 26. | Qualified disabled and working individuals <ol style="list-style-type: none">Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;Whose income does not exceed 200 percent of the Federal poverty level; andWhose resources do not exceed twice the maximum standard under SSI.Who are not otherwise eligible for medical assistance under Title XIX of the Act. <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1B1BA of the Act.)</p> |

*Agency that determines eligibility for coverage.

State: Kentucky

| Agency | Citation(s) | Groups Covered |
|--------|-------------|----------------|
|--------|-------------|----------------|

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

27. Specified low-income Medicare beneficiaries—

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is greater than 100 percent but less than 120 percent of the federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

1902(a)(10)(E)(iv)
and 1905(p)(3)(A)(ii)
and 1860D-14(a)(3)(D)
of the Act

28. Qualifying Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

*Agency that determines eligibility for coverage.

TN No. 10-002
Supersedes
TN No. 93-05

Approval Date: 06-25-10

Effective Date : 01-01-10

State: Kentucky

| Agency | Citation(s) | Groups Covered |
|--------------------|-------------|---|
| | A. | <u>Mandatory Coverage — Categorically Needy and Other Required Special Groups (Continued)</u> |
| 1634(e) of the Act | 2829. | <p>a. Each person to whom SSI benefits by reason of disability are not payable <i>for</i> any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.</p> <p>b. The State applies more restrictive eligibility standards than those under SSI.</p> <p>Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.</p> |

*Agency that determines eligibility for coverage.

State: Kentucky

| Citation | Condition or Requirement |
|--|--|
| 1902(a)(10)(C)(i) of the Act | <p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource resource eligibility for all groups.</p> <p>___ c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <p>___ Aged</p> <p>___ Blind</p> <p>___ Disabled</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-A</u> so indicates.</p> |
| 1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act | <p>8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals</p> <p>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.</p> |

Revision:

ATTACHMENT 2.6-A

Page 22a

State: _____

| Citation | Condition or Requirement |
|--|--|
| 1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act | 9. Resource Standard - Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit. |
| 1902(u) of the Act | 10. For COBRA continuation beneficiaries, the resource standard is: ___ Twice the SSI resource standard for an individual. ___ More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u> . |

TN No: 10-002

Approval Date: 06-25-10

Effective Date: 01-01-10

Supersedes

TN No. 92-001

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 23
OMB No.: 0938-

State: Kentucky

| Citation | Condition or Requirement |
|----------|--------------------------|
|----------|--------------------------|

11. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled, Working Individuals, and Qualified Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

X This State has a section 1634 agreement with SSI.
Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

TN No: 10-002
Supersedes
TN No. 09-001

Approval Date: 06-25-10

Effective Date: 01-01-10